



Fee Transmittal & Extension

FEE AUTHORIZATION /AMENDMENT TRANSMITTAL LETTER				Attorney's Docket No: A-290C			
Serial No. 08/347,780		Filing Date 11/30/94		Examiner L. Spector		Group Art Unit 1812	
In Re Application of BARTLEY et al.							
TO THE ASSISTANT COMMISSIONER OF PATENTS:							
<input type="checkbox"/> Applicant(s) petition(s) for the following extension of time under 37 C.F.R. 1.136(a): <input type="checkbox"/> One month of original due date (\$110.00) <input type="checkbox"/> Two months of original due date (\$380.00) <input type="checkbox"/> Three months of original due date (\$900.00) <input type="checkbox"/> Four months of original due date (\$1,400.00)							
<input checked="" type="checkbox"/> A response in connection with the matter for which this extension is requested: <input checked="" type="checkbox"/> is filed herewith. <input type="checkbox"/> has been filed. <input type="checkbox"/> The response is the filing of a continuation application having an express abandonment conditioned on the granting of a filing date to the continuing application.							
<input checked="" type="checkbox"/> The accompanying papers include amended claims for which no additional fee is required.							
<input type="checkbox"/> The accompanying papers include amended claims the fee for which has been calculated as follows:							
CLAIMS AS AMENDED							
(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) No. of extra claims present	(6) Rate	(7) Additional Fee	
Total Claims	13	Minus	66=	-0-	x \$22	= -0-	
Indep. Claims	1	Minus	15=	-0-	x \$78	= -0-	
Total Additional Fee for this Amendment					-0-		
*If the entry in column 2 is less than the entry in column 4, write "0" in column 5. **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space. ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.							
<input type="checkbox"/> The following other fees are incurred by the accompanying papers. <input type="checkbox"/>							
Please charge Deposit Account No. 01-0519 in the name of Amgen Inc. in the amount of \$ -0- A duplicate copy of this petition is attached.							
<input checked="" type="checkbox"/> If an additional extension of time is required, please consider this a petition therefore.							
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required by the accompanying papers, or credit any overpayment to Deposit Account No. 01-0519.							
Please Send Future Correspondence To: U.S. Patent Operations/RRC M/S 10-1-B AMGEN INC. Amgen Center 1840 Dehavilland Drive Thousand Oaks, California 91320-1789				 Robert R. Cook, Ph.D. Attorney for Applicants Registration No.: 31,602 Phone: (805) 447-4955 Date: February 16, 1996			

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to Assistant Commissioner of Patents, Washington, D.C. 20231, on the date appearing below.

February 16, 1996
Date

Nola J. Caruth
Signature

RECEIVED

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